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State of South Dakota
Campaign Finance Disclosure Statement

Full Name of Committee: South Dakota Campaign for Healthy Families Ballot Question Committee

Casey Murschel
Committee Chair, Treasurer, Candidate

cmurschel@sis.micko.net
E-Mail

4320 S. Louise Ave Ste. 201 Sioux Falls, SD 57106
Committee Street Address

P.O. Box 1484 Sioux Falls, SD 57101
Committee Postal Address

Casey Murschel
Name of Person Making Report

605. 368. 1708
Daytime Telephone #

Evening Telephone #

If Candidate Committee, please note office being sought, and District # (if applicable)

Political party affiliation (if any)

If Ballot Question Committee, Ballot Question number or letter.

Supporting? ☐

Opposing? ☐

Type of Campaign Statement:



Pre-Primary



Pre-Convention



Pre-General



Year-End



Amendment



Supplement



Termination

VERIFICATION OF PERSON MAKING REPORT

I, Casey Murschel
(print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. I also understand that failure to timely file any statement, amendment, or correction required subjects the treasurer responsible for filing to a civil penalty per day for each day that the statement remains delinquent.

Date

1-28-15

Filed this 2nd day of February, 2015

Casey Murschel
Signature of Treasurer

Shantel Krebs
SECRETARY OF STATE

County, municipal and school candidates file this statement with the person in charge of the local election.

Statewide PACs, political party, ballot question and other committees file this statement with the Secretary of State's Office.

Secretary of State, Elections Department
500 East Capitol Ave., Ste 204
Pierre, SD 57501
p: 605-773-3537 f: 605-773-6580
e-mail to kea.warne@state.sd.us

Fax and e-mail images must contain the signature(s).

INCOME

Direct Contributions from Individuals

Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space or you may attach additional sheets of paper.

Unitemized Contributions from Individuals	Amount
Enter total of all <i>unitemized</i> contributions (\$100 or less each from individuals) here:	\$ _____.

Line item A1

[illegible]

Direct Contributions from Organizations

An organization is defined as any corporate entity, partnership, association, club, labor union, or any group organized in a corporate form that is not defined as a political committee or political party. ONLY PAC's and Ballot Committee Questions may receive direct contributions from organizations.

[illegible]

Direct Contributions from Political Parties

Contributions from Political Parties

Name	Residential (Street) Address including city, state and zip	Amount
		\$.
		\$.
		\$.
		\$.
		\$.
Enter total of all contributions from Political Parties here:		\$ <u> </u> .

Line item C1

Direct Contributions from In-State Political Action Committees

Contributions from South Dakota Political Action Committees

[illegible]

Line item D1

Direct Contributions from Out-of-State Political Action Committees

Contributions from Federal Political Action Committees		
Name	Filing Website Address	Amount
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
Enter total of all contributions from Federal Political Action Committees or Out-of-State Candidate Committees here:		\$ _____ .

Line item D2

Direct Contributions from Candidate Committees

Contributions from Candidate Committees		
Name	Residential (Street) Address including city, state and zip	Amount
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
Enter total of all contributions from Candidate Committees here:		\$ _____ .

Line item E1

In-Kind Contribution

Non-cash contributions of good and services and the estimated fair market value

Description	Name and residential address	Estimated value
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.
Enter total of all estimated in-kind contributions here:		\$.

Line item F1

Other Income

Refunds, rebates, interest earned, sale of property, or other income which is not a direct contribution.

Source of Income	Description of Income (i.e. raffles and auctions income)	Amount
		\$.
		\$.
		\$.
Enter total of other income here:		\$.

Line item G1

Establishing and Administering Committee/Solicitation Costs

List a categorical description and the estimated value of funds or donations by any organization to its political committee for establishing and administering the political committee or solicitation costs of the political committee.

Organizational Name and Categorical Description for Direct Funds	Amount
	\$.
	\$.
	\$.
Enter total here:	\$.

Line item H1

EXPENDITURES

Operational Expenditures

Categories have been provided for reporting common expenses. You may list other expense items at your discretion

Campaign Expenses	Amount
Advertising	\$.
Consulting	\$.
Interest	\$.
Postage	\$.
Printing	\$.
Rent	\$.
Salaries	\$.
Telephone	\$.
Travel	\$.
Utilities	\$.
List other expense items below (i.e. donations to organizations, gifts, meals, fundraising expenses):	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
Enter total expenditures here:	\$ _____

Line item X1

Contributions Made to Candidates and Committee

<i>Name of Candidate or Committee</i>	<i>Amount</i>
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
	\$.
Enter total of contributions to candidates or committees here:	\$.

Line item X2

Debts and Obligations Owed by this Committee

All committee obligations which are incurred but unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.

<i>Owed to/Creditor's Name</i>	<i>Nature of obligation</i>	<i>Address</i>	<i>Amount</i>
			\$.
			\$.
			\$.
			\$.
Enter total debt owed by committee here:			\$.

*This would include loans that have been made to this committee (i.e. personal loan to committee).

Line item X3

Loans Owed to this Committee

Report the amount of each loan owed to the political committee or political party. The amount of each loan made during the reporting period and the balance of each loan owed to the committee at the end of the reporting period must be itemized.

<i>Name of recipient of loan, including address.</i>	<i>Amount of loan made during the reporting period</i>	<i>Amount of loan repaid during the reporting period</i>	<i>Balance of loan at the end of the reporting period</i>
	\$.	\$.	\$.
	\$.	\$.	\$.
	\$.	\$.	\$.
Enter total amount of loans owed to committee here:	\$.	\$.	\$.

*This would include loans to other committees.

Line item Y1

Line item Y2

Line item Y3

SUMMARY OF INCOME AND EXPENDITURES

Balance of cash and cash equivalents on hand, if any, at the beginning of the reporting period:		\$ 2100 .29
		Income Expenses
	Candidate's Personal Contribution to Own Campaign	\$ _____
Income:		
	Unitemized Contributions (A1)	\$ _____
	Itemized Contributions (A2)	\$ _____
	Contributions from Organizations (B1)	\$ _____
	Contributions from Political Parties (C1)	\$ _____
	Contributions from In-State PACs (D1)	\$ _____
	Contributions from Out-of-State or Federal PACs (D2)	\$ _____
	Contributions from Candidate Committees (E1)	\$ _____
	Other Income (G1)	\$ _____
	Expenditures from an external source to establish a committee (H1)	\$ _____
Expenditures		
	Operational Expenditures (X1)	\$ _____
	Contributions to Candidates and Committees (X2)	\$ _____
	Debts and Obligations Owed by the Committee (X3)	\$ _____
Loan Activity		
	Monetary loan made to this Committee during reporting period (Y1)	\$ _____
	Monetary loan repaid to this Committee during reporting period (Y2)	\$ _____
Amount on hand at the end of the reporting period:		\$ 2100 .29

In-Kind Contributions (F1) which are not included in your ending balance \$ _____

***Note: You cannot end the reporting period with a negative balance.**

County, municipal and school candidates file with the person in charge of the local election.